

SPONSORSHIP PROPOSAL

Name		High School
Phone Number		Concurrent Enrollment Course
Email		Date of Activity or Purchase*
*This propos		Concurrent Enrollment Office four weeks prior to urchase or activity.
Proposal Details (i.e., description, appro	x. number of HSCE students involved,	ətc).
Learning Objective:		
Cost Breakdown:		Additional Information
: 	<u> </u>	
	\$	
	\$\$	
	\$	
Total	\$	
Instructor Signature	Date	Administrator Signature Date